

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARMONY OF WISCONSIN RAPIDS (0009023)
Address: 2230 14TH STREET SOUTH, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 01/01/2001
Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0097380 **End Date:** 05/30/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009570 Served 07/20/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	MODIFIED OR SPECIAL DIETS		

Survey ID: 0096939 **End Date:** 04/21/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009541 Served 05/18/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(n)2	FREE OF SECLUSION		
83.33(2)(a)	SUPERVISION		

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
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Survey ID: 0096474 End Date: 02/20/2006 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009517 Served 03/09/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/20/2006	Yes

Survey ID: 0095277 End Date: 05/26/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009433 Served 08/01/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	02/20/2006	No
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	02/20/2006	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	02/20/2006	Yes
83.32(2)(d)	REVIEW OF PROGRESS	02/20/2006	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	02/20/2006	Yes

Survey ID: 0092197 End Date: 01/13/2004 Type: STANDARD Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009245 Served 03/26/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	05/26/2005	No

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Survey ID: 0091295 **End Date:** 07/09/2003 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10005243 Served 10/20/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	01/09/2004	Yes
83.19(3)(d)	WHEREABOUTS UNKNOWN	01/09/2004	Yes
83.21(4)(w)	SAFE ENVIRONMENT	01/09/2004	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	01/09/2004	Yes

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CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 03/06/2006 **SOD #10009517** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(p)

Date: 07/29/2005 **SOD #10009433** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(2)(a)

Date: 03/24/2004 **SOD #10009245** **Appealed: No**

Sanctions

PROVIDE TRAINING

FORFEITURE---83.21(4)(p)

Date: 10/16/2003 **SOD #10005243** **Appealed: No**

Sanctions

OTHER SANCTION

FORFEITURE---83.15(1)(c)1

FORFEITURE---83.19(3)(d)

FORFEITURE---83.21(4)(w)

Date: 06/12/2003 **SOD #10005177** **Appealed: No**

Sanctions

OTHER SANCTION

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Provider Inspection Summary

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 03/31/2006

Date Investigation Completed: 05/30/2006

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10009570

Date Complaint Received: 02/13/2006

Date Investigation Completed: 04/21/2006

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10009541

Date Complaint Received: 08/31/2005

Date Investigation Completed: 02/20/2006

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10009517

Date Complaint Received: 10/03/2003

Date Investigation Completed: 01/13/2004

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10009245

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